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Items of Interest:

West Nile Virus. A potentially serious illness, experts believe MNV is established as a seasonal epidemic in North America that flares up during the summer season and continues into the fall months. People can develop WNV from mosquito bites. Symptoms include fever, headache, body aches and nausea. What can you do to prevent WNV? When outdoors, use insect repellent that contains DEET (N, N-diethyl-metatoluamide). Wear long sleeved shirts and pants to cover skin can also aid in the prevention of a mosquito bite. Check around your home for possible mosquito breeding sites, such as places with standing water. To learn more about West Nile Virus, visit <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.

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Navy Nurses Graduate From New Perinatal Training Program

By Mass Communications Specialist
1st Class (SW) Jeff McDowell
Navy Medicine Support Command
Public Affairs

SAN DIEGO – Five Navy nurses recently graduated from Navy Medicine's new Perinatal Pipeline Training Program at Naval Medical Center (NMC) San Diego.

Lt. Stacey Hamlett, Lt. j.g. Thomas Matella, Lt. j.g. Christine Mourer, Lt. Sarah Nowalk, and Lt. j.g. Heidi Sabol recently completed four weeks of intense perinatal training at the NMC San Diego's state-of-the-art care center that supports more than 300 deliveries per month.

The Navy Perinatal Pipeline

Training Program was developed to provide standardized perinatal education and training to Navy Nurse Corps (NC) officers, who are then assigned to overseas military treatment facilities and remote duty stations. The course provides an intense didactic and clinical experience, including Basic Fetal Monitoring, Neonatal Resuscitation Provider Program and infant stabilization training.

Developing the training program was a team effort between the Navy Medicine Manpower, Personnel Training and Education Com-

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PACIFIC OCEAN - Lt. Cmdr. Angela Powell, an otolaryngologist assisted by Hospital Corpsman 3rd Class Daniel Vogel a surgical technician, performs surgery aboard the Military Sealift Command (MSC) hospital ship USNS Comfort (T-AH 20) Aug 10. U.S. Navy photo by Hospital Corpsman 1st Class Jean A. Wertman

Comfort Begins Humanitarian Operations in Peru

By Mass Communication Specialist 2nd Class Elizabeth Allen and Mass Communication Specialist 3rd Class Kelly E. Barnes, USNS Comfort Public Affairs

SALAVERRY, Peru - Personnel attached to U.S. Navy hospital ship USNS Comfort (T-AH 20) unloaded medical equipment and set up sites for primary care for local citizens at Miguel Grau School and Sanchez Carrión, Peru, Aug. 6.

The sites were selected by the Peruvian officials. Medical operations officers from Comfort's pre-deployment site survey (PDSS) team coordinated with the host country in determining which sites the Comfort personnel will work from.

"The host nation selects the area of the country to work in," said Cmdr. Sandra Hearn, a medical operations officer attached to Comfort. "Most of our locations had to be relatively coastal. Then the host nation selects five or six sites within the area. The PDSS team would look at those sites, choosing two to three that would accommodate the size and functions of our team – a location with rooms for medical, dental, immunizations, teaching, and optometry."

Pharmaceutical, optometry, general medical care, dental equipment, and tools needed for construction work to be accomplished by Seabees attached to Construction Battalion Maintenance Unit (CBMU) 202 aboard Comfort were loaded onto pallets and staged on the flight deck several days before Comfort's arrival.

"In transit from El Salvador, we worked on getting all of our supplies palletized and ready for transport to Peru," Hearn said. "We also planned how to staff the sites."

Before medical personnel could begin seeing patients at the sites ashore in Peru, medical equipment had to be staged at the sites. Palletized supplies were vertically replenished from the flight deck of Comfort by Helicopter Sea Combat Squadron (HSC) 28 MH-60S helicopters to a pier in Salaverry.

On the first day off the coast of Peru, the cargo and personnel for site set-up were transported from the port by bus to the medical sites. They worked to get things ready for the rest of the Comfort team, who will provide care for patients for approximately a week.

Set up included unloading cargo and supplies from the trucks, setting up check-in tables and patient holding areas, arranging pharmaceutical supplies, general organization of each department room, setting up dental chairs and equipment, and organizing the optometry room for eye examinations.

Seabees were at the sites as well, pre-staging their tools and assessing what they will work on, and what supplies they will need to purchase to accomplish their missions.

Comfort is on a four-month humanitarian deployment to Latin America and to the Caribbean providing medical care to patients in a dozen countries.

Chaplain Dansak to Retire after 30 Years

By Oyaol Ngirairiki, U.S. Naval Forces Marianas Public Affairs

SANTA RITA, Guam - It was about 30 years ago when then-assistant pastor Thomas Dansak of Pittsburgh received a letter that changed his life.

"They needed a Catholic priest," said now Capt. Dansak, a Navy chaplain for 30 years who is preparing to retire.

On the day before his departure, Dansak said his goodbyes to the Navy community on the island. As part of his farewell, he requested and received approval to conduct colors on June 20.

"I've never seen an officer do colors and I've served under those colors for many years," he said. "I think [conducting] colors, which is done every day, is an honorable act and a statement of respect for people who serve under the colors."

Surrounded by Navy and civilian personnel from headquarters, Dansak raised the U.S. flag, then sa-

luted the many people he has worked with in his three years on Guam.

Dansak was presented with the flag he raised and Capt. Kenneth Freeman, commanding officer of U.S. Naval Base Guam, presented him with a plaque noting the Navy's appreciation for his years of service.

"Thank you," Dansak said, adding that he's been blessed with the opportunity to serve with some of the greatest people on Guam and other duty stations throughout his military career.

After the ceremony, Dansak said that the hardworking men and women in the Navy have always impressed him from his first duty station in the Philippines to Guam.

"I've come full circle, finished near the place I first started and I went around the world to do it," he said.

Following his retirement, which is official Oct. 1, the chaplain will

return to his parish in Pittsburgh.

Until then, Dansak will be processing out of the military and taking leave to visit with friends and family across the country.

"It's been a good ride," he said of his military career. "But I am looking forward to going back to my parish and working with the people there."

Dansak said in his 30-year career it was the willingness of people to volunteer to serve, sometimes overseas, and in difficult conditions that always has amazed him.

"I think military families are some of the strongest I've seen and I've always been impressed with their willingness to also help the people in the community — from coaching little league teams to helping to paint schools," he said. "That closeness and sense of responsibility for country and community, I think that's what's had the greatest impact on me."

Naval Hospital Pensacola Helps Train Nation's Future Medical, Nursing Professionals

By Mass Communications Specialist
1st (AW) Russ Tafuri, Naval Hospital Pensacola

PENSACOLA, Fla. - On a given day at Naval Hospital (NH) Pensacola, or any one of its 11 Naval Branch Health Clinics across four states -- Florida, Mississippi, Louisiana and Tennessee -- there are a number of students at various stages in their educational studies to become doctors, surgical technicians, nurses, radiologists, ultrasound technicians, dental assistants or any number of other medical fields.

These students, however, are not necessarily military medical officers in the making. Many are people with no military ties, pursuing a career in the medical field at any one of a number of schools across the nation, who happened to be

selected to perform a portion of their medical training, or rotations, at NH Pensacola.

"Each year we have close to nearly 200 students performing their practical training here," says Tom Dunmore of the hospital's Command Education and Training Department.

"We get the students from every where," states Dunmore, who is responsible for keeping track of these students and ensuring that their educational needs are met during their rotation at the Navy hospital.

What that means for the students, he says, is an environment that has proven to be a worthwhile supplement to their education.

"We have a 100 percent success rate with the nursing students who come here and go on to take their

state boards licensure exams," says Dunmore.

While the experience of 'working' at the Navy hospital for most of these students will probably be a one-time event, for one student, who is finishing up her practical rotation at NH Pensacola, it's somewhat of a homecoming.

Elizabeth Burkhart is about to complete the 2-year PJC Registered Nurse program and is currently doing her practical rotation at the hospital.

Burkhart had been at the Navy hospital before. She was stationed here in 2002 while on Navy active duty as a Hospital Corpsman. So for her coming back here as she becomes an RN, is very gratifying in a number of ways.

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Perinatal Training continued...

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mand (NAVMED MPT&E), BUMED, Navy NC detailers, Navy nursing specialty leaders, senior nurse executives, and the Air Force Nurse Corps perinatal leaders.

Besides active student participation, the five graduates completed 58 classroom and 88 clinical hours. Capt. Mary Greenwood, director of Nursing Services at NMC San Diego, awarded the pioneering graduates a certificate of completion and a "Plank Owner" certificate. This certificate is a traditional document given to Navy personnel who are members of a newly established command or program.

"The aim of this program is to expose these personnel to much more complicated obstetrical issues in a short amount of time," Greenwood explained. "When they report to their new assignments, suddenly they may be the seasoned professional in the area of birthing babies, neonatal resuscitation, and basic fetal monitoring."

Hamlett said the pipeline training's pace was the key to her success.

"This course is tailored to nurses who have no labor and delivery (L&D) experience so that they may feel more comfortable in their overseas billet," she said. "The L&D unit at Naval Medical Center San Diego delivers over 300 babies a month on average, whereas overseas, depending on where you go, you may only deliver 30 babies a month."

For Sabol, the training was for an entirely new area



of skills and abilities.

"The only labor and delivery experience I had prior to this class was giving birth to my own two children." She explained that her new skills might save the day for a lucky mother-to-be while stationed overseas.

"There is a chance, I could be the only one available at the baby's delivery if it occurs in the middle of the night and the baby comes too quickly to contact the on-call doctor."

NH Pensacola Blood Bank Receives 'A' on Recent FDA Surprise Inspection

By Mass Communications Specialist
1st Class (AW) Russ Tafuri, Naval
Hospital Pensacola Public Affairs

PENSACOLA, Fla. - Naval Hospital Pensacola's Blood Bank recently underwent a rigorous in-depth 'surprise inspection' by the U.S. Food and Drug Administration, and received the equivalent of an "'A' on its report card," according to the Blood Bank Medical Director, Lt. Cmdr. Rodney Boyum.

The FDA is responsible for ensuring the safety of the nation's blood supply. The FDA Center for Biologics Evaluation and Research (CBER) regulates the collection of blood and blood components used for transfusion or the manufacture of pharmaceuticals derived from blood and blood components such as clotting factors. It also establishes standards for the products themselves. CBER also develops and enforces quality standards, inspects blood establishments, and monitors reports of errors, accidents, and adverse clinical events.

The inspection is part of FDA's bi-annual evaluation of all FDA-certified blood banks. They all un-

dergo the federal agency's watchful eyes to ensure proper handling of documentation and collection of blood and blood products.

But, as Boyum is quick to point out, the FDA is not the only governing body to which the hospital blood bank has to answer.

The FDA inspection covered the blood bank's standard operating procedures and the complete line of documentation that is entailed in logging blood and blood products throughout the blood bank.

The blood bank technician operations also came under the inspector's proverbial microscope to ensure correct handling of the blood. The facility itself was inspected to ensure the proper storage of blood, proper labeling, and that its storage and handling equipment is up to code.

Boyum states the blood bank came through with flying colors having met or exceeded all FDA regulations in the storage, handling and transfusing of blood.

The blood bank falls under the auspices of the FDA, American Association of Blood Banks (AABB),

College of American Pathologists (CAP), and the Joint Commission (JCAHO) accreditation agency.

"While a blood bank cannot operate unless it is certified by the FDA, all blood banks do not have to be certified by the AABB," says Boyum. "It is an optional certification a blood bank can choose."

The AABB criteria for certification, according to Boyum, is pickier than the FDA. "However, all Navy blood banks have to pass the standards of the AABB as well."

But why the surprise visit instead of the now-gone scheduled inspection?

"The inspections give a more accurate reflection of what the day-to-day operations of the blood bank will be. Everyone is forced to do everything right everyday – which is the right way to run a lab anyway," states Boyum.

"The purpose of this inspection is to ensure we are following the regulations and are safely transfusing blood. It's all about patient safety – that's the whole purpose," Boyum concludes.

Naval Hospital Oak Harbor Reorganizes

By Kimberly A. Martin, Naval Air Station Whidbey Island
Public Affairs Office

NAVAL AIR STATION WHIDBEY ISLAND, Wash. - In a move to meet the healthcare needs of beneficiaries, Naval Hospital Oak Harbor (NHOH) is reorganizing its healthcare services.

On Oct. 1, 2007, the hospital's Emergency Room will transition to an Urgent Care Clinic. The goal is to eliminate any unnecessary delay in the diagnosis and treatment of patients with life-threatening medical conditions while continuing to provide urgent but non-emergency care.

Urgent Care Clinic hours will be from 7 a.m. to 11 p.m., Monday to Friday, 8 a.m. to 8 p.m. on weekends and holidays.

An extensive analysis of the hospital's emergency room patients determined that ninety-seven percent of all patients visiting the NHOH Emergency Room have non-emergency, not life-threatening, conditions.

"After careful analysis and consideration of the needs of our patients and the capabilities of our facility, we determined that this move was in the best interest of our

beneficiary population to ensure timely and appropriate medical care," said Capt. Colin Chinn, Naval Hospital Oak Harbor commanding officer.

Patients who currently arrive at the hospital for emergency care must be stabilized and transported to a local facility with the ability to perform more complex care, this delaying the access to definitive care.

Both Whidbey General Hospital and Island Hospital currently have this capability. At present, when an ambulance responds to a 911 call in the local area, the patient is taken to one of these nearby facilities.



NMSC Continues to Change How Navy Medicine Does Business

By Mass Communication Specialist 1st Class (SW) Jeff McDowell, Navy Medicine Support Command Public Affairs

JACKSONVILLE, Fla. - The Defense Medical Human Resource System internet (DMHRSi), which is managed at the Navy Medicine Support Command (NMSC) headquarters, is now fully deployed in more than 25 commands throughout Navy Medicine.

DMHRSi is an internet-based application that integrates education and training, readiness, labor cost assignment, personnel and manpower data. DMHRSi also provides and assists Navy Medicine commands worldwide in all areas of personnel asset visibility of active-duty, reserve, civilian, contractor, and volunteer components.

The system has changed how the personnel management business of military healthcare is conducted from the command level all the way down to the junior hospital corpsman, said NMSC's Mike Stewart, the DMHRSi deployment/sustainment director.

Since coming online, DMHRSi

has provided many important benefits, including standardization of medical department human resource information across all branches of the Armed Services; and has increased personnel visibility throughout all military medical treatment facilities including civilian and military workers, said Stewart, a retired Navy Medicine FORCE master chief petty officer.

DMHRSi provides accurate answers to many questions at a glance, a huge improvement over the accountability in the current human resource management system.

"Who is deployable and already deployed? How much does this provider cost the system? Who has what training? This is the sort of information DMHRSi provides commanding officers and other leaders," Stewart said. "Standardizing this information is a huge benefit of DMHRSi."

DMHRSi continues to assist military leaders throughout the Navy Medical Department to track and monitor all vacant billets, deployable personnel, what training staff

has received, manning issues at all levels, and labor costs. To accomplish this, personnel generate electronic timecards that measure their hours in the facility and where those hours were allocated.

Training and education are another DMHRSi benefit. More workers are now able to request and reserve their own local training requirements. By having this ability, paper requests continue to be eliminated and more commands are able to view training records and schedule their own training. Stewart said this greatly reduces processing in and out times.

Stewart added that since DMHRSi is an internet-based application, all training is stored in a database that is easily accessible, thus eliminating the need for paper records to be maintained. Still, personal information is protected.

"Access to sensitive information is granted only to those personnel at a command that has a need to know, such as personnel who work in the Human Resources Department," Stewart said.

Pensacola continued...

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"Doing my practical rotations here is fitting since this is where I started and this is where I will finish," said Burkhart.

She says doing her practical rotations at the hospital is especially appealing due to its unique learning environment.

"I enjoy the environment here because everyone is so helpful and

supportive," she states. "It really is a team effort and a team environment."

NH Pensacola has been a teaching facility with its Family Medicine residency program, since 1972.



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MADANG, Papua New Guinea – Hospital Corpsman 3rd Class Phil Garber checks the blood pressure of a local resident at Modilon General Hospital in support of Pacific Partnership Aug. 8. *U.S. Navy photo by Mass Communication Specialist 3rd Class Bryan M. Ilyankoff*

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3221, fax 202-762-1705 or Christine.mahoney@med.navy.mil.